

# **2019 VULNERABLE ADULT ABUSE CONFERENCE**

Friday, September 6, 2019  
Rio Salado College Conference Center  
M & M Room  
Tempe, Arizona



## **SEXUAL ABUSE OF VULNERABLE ADULTS: INVESTIGATION & PROSECUTION**

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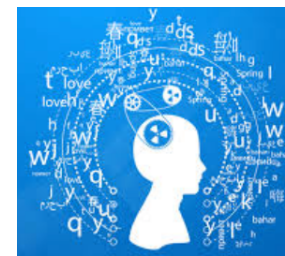
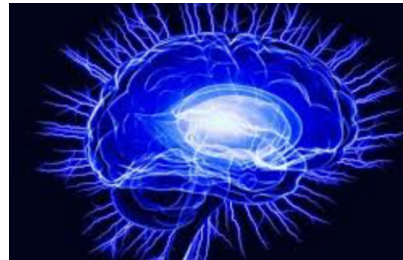
ELIZABETH BURTON ORTIZ  
EXECUTIVE DIRECTOR

# Sexual Abuse of Vulnerable Adults: Investigation & Prosecution



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# OBJECTIVES

The Learner Will Understand:

Interview challenges unique to individuals with disabilities (including Alzheimer's, Traumatic Brain Injuries, Dementia, Parkinson's)

Effects of overstimulation and neglect on the brain

Linguistic patterns of interviewees from various environments and how to modify questions to obtain the best information possible

# Scope of the problem...



Elderly Victims:  
90% of victims had a family member as the perpetrator. Administration on Aging, 1998.  
70% assaulted in nursing home  
14% assaulted in perpetrator's home  
2% assaulted in adult care residence.  
1/3 of cases had eyewitness(es) of sexually abusive acts, but it is the least perceived, acknowledged, detected, and reported type of elder abuse.

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Victims with Disabilities:  
87.2% verbally/emotionally abused  
50.6% physically abused  
41.6% sexually abused  
37.3% neglected  
31.5% financially abused  
4 to 10 times more likely to be victims of abuse than the generic population  
Children with developmental disabilities are at least 3.4 times more likely to be victims than the generic child population

50.6% physically abused

41.6% sexually abused

37.3% neglected

31.5% financially abused

4 to 10 times more likely to be victims of abuse than the generic population

Children with developmental disabilities are at least 3.4 times more likely to be victims than the generic child population



## Vulnerable Adult-Defined A.R.S. 13-3623 (F)(6)

- Person 18 or older
- Unable to protect himself from abuse, neglect, or exploitation
- Because of a mental or physical impairment

Nereim, 234 Ariz. 105 (App. 2014) (adults unable to protect themselves)

Giles, 2011 WL 1529961 (Az. App. 2011) (incapacity is not required: impairment means deterioration or weakening; advanced age itself may count)

13-3623(A) Circumstances  
likely to cause death or  
serious physical injury

1. Causes V.A. to suffer  
physical injury; OR

2. Has care or custody of  
V.A. and causes or permits  
V.A. to be injured or placed  
in a situation which  
endangers their person or  
health

13-3623(B) Circumstances  
other than those likely to  
cause death or serious  
physical injury

1. Causes V.A. to suffer  
physical injury or abuse; OR

2. Has care or custody of  
V.A. and causes or permits  
V.A. to be injured or placed  
in a situation which  
endangers their person or  
health

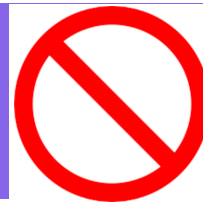
## Abuse-Defined A.R.S. 13-3623(F)(1)

- Intentional infliction of physical harm
- Injury caused by criminally negligent acts or omissions (ex: starving, withholding medicine, unsafe living conditions)
- Unlawful imprisonment
- Sexual abuse or sexual assault

## Emotional Abuse of V.A. A.R.S. 13-3623(D)

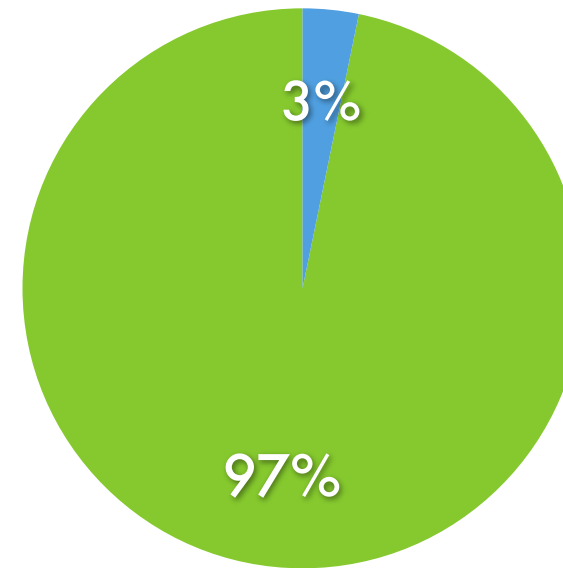
- Defined as pattern of ridiculing or demeaning, making derogatory remarks, verbally harassing, or threatening to inflict physical/emotional harm
- Against V.A. who is a patient/resident in health care or assisted living facility
- Includes both inflicting the abuse, and subjecting or permitting V.A. to be subject to it

SA + DD =



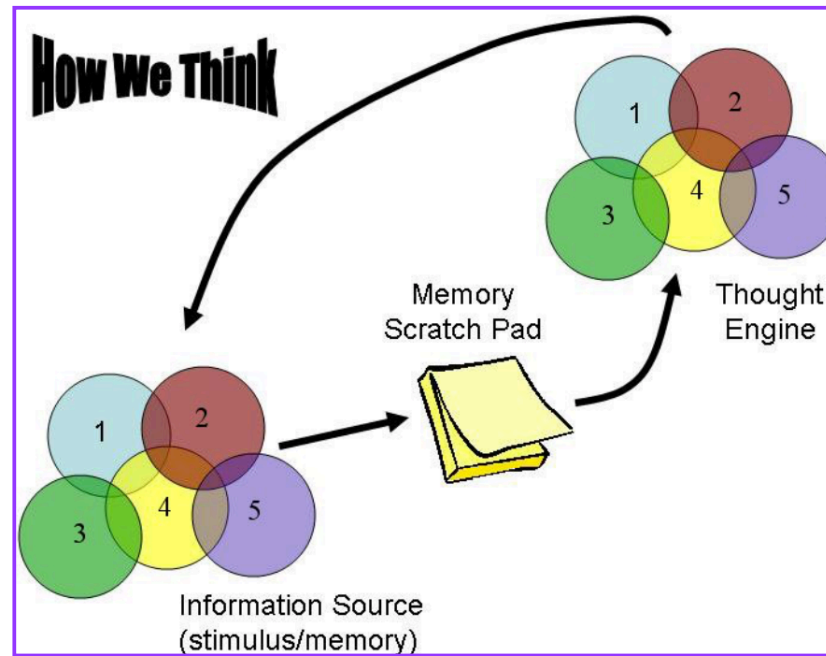
PROSECUTION

- 3% reported
- 8% result in conviction



Stage in System	No. of Cases	
Total Cases	1000	
Reported	30	
Indictment	6	
Conviction	2	

# Challenges-Memory



Short-term (Working) Memory (Used for putting words/concepts/ideas together)

Difficulties answering direct questions or following instructions

Free recall

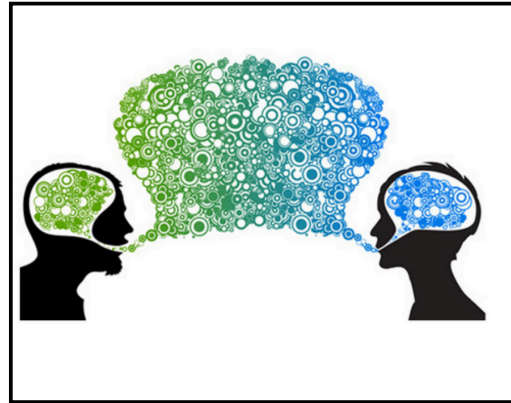
May lose track of what remembering then communicating

Source monitoring

May not know how know something



# Challenges-Communication



Temporal order/Sequencing

Skips or repeats things

Dissociation

Appear inattentive or zoned out

May need facilitative devices to communicate effectively

# Challenges-Consent



## DO Ask Victim About:

Feelings re: what happened

Knowledge of the perpetrator

Willingness to be with perp.

Understanding of sex assault, threat, obedience self defense and resources

## NOT About:

Sexuality

Reproductive organs and their function

Birth and labor

Sexual response phase issues

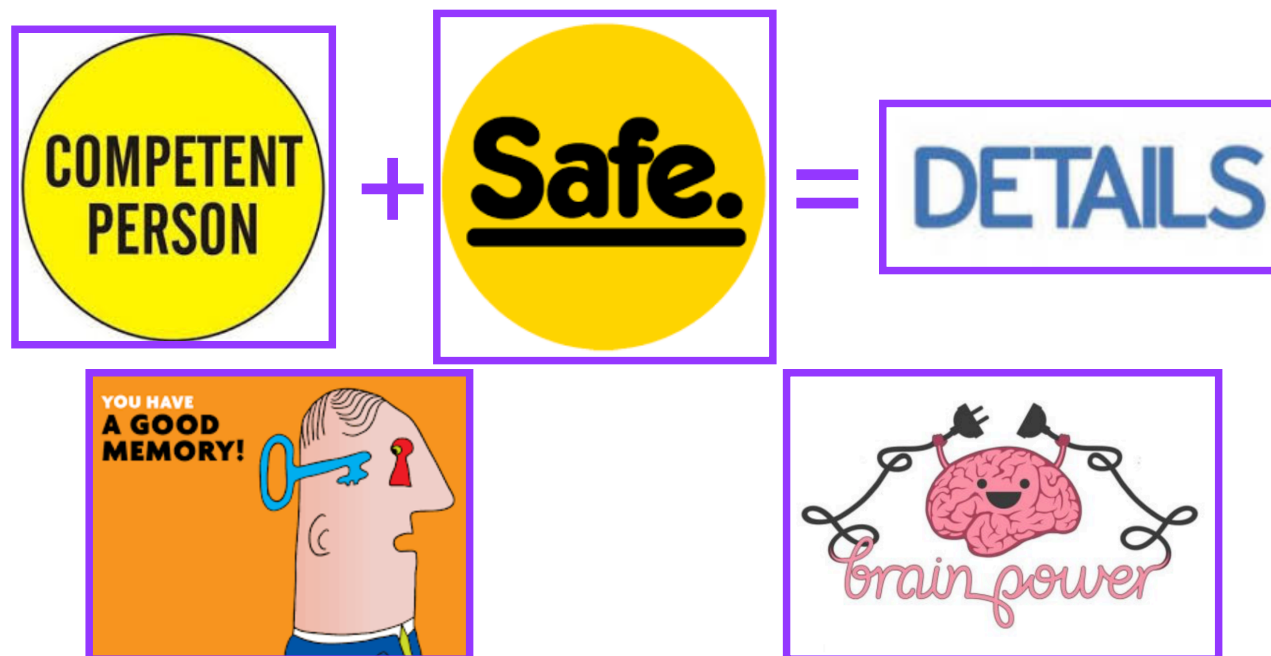
## Legal Challenges

- Nature and consequences  
(AK, AZ, AR, IN, IA, KS, NM,  
OK, PA, TN, VT, VA and WY)  
tests understanding of nature  
and consequences of  
conduct.

## However

- Individuals with DD get special protection under US law, much like children, where consent is irrelevant because they are not capable of giving legal consent.

# Interview Basics



Victims with special needs can provide sufficient detail if given a safe environment and a skilled/trained interviewer.  
Memory for trauma does not seem to be affected by intelligence.

# Interview Prep

Which Do You Prefer?

Comfortable or Uncomfortable

Sexual  
Knowledge



## Preinterview Information:

Victim's abilities (communication, attention, processing abilities)

Sexual knowledge and experience

Daily routines

Medications (when last taken) and their effects on interviewee (communication, attention, processing abilities)

## Environment:

Free of distractions

Neutral setting (if possible)

Consider time/attention constraints



# Interviewing Tips



Patience, patience and MORE patience  
Wait at least 15 seconds after silence before speaking/asking next statement/question.

# Interviewing Tips

Ask this:

**WHERE?**

To get this:

**When?**

Asking WHEN questions will get an answer, but if the answer is INACCURATE, then interviewee seen as INCONSISTENT or FALSELY REPORTING, so...

When can be obtained from WHERE

Where were you...

Where was your...(significant other/caregiver/etc.)

# Interviewing Tips



'Do You Remember Questions'

(Concrete individuals may not process 'Do You Remember Questions' the way others do.)

"Where were you when Mr. Jones touched your privates?"

NOT "Do you remember where you were when Mr. Jones touched your privates?"

Open-ended questions may need to be broken down into shorter segments

Direct questions may be necessary (but try as a last resort)

# Interviewing Tips



May be more likely to ACQUIESCE meaning they are likely to say YES when asked any yes/no questions.  
Can provide inaccurate information to specific questions.  
Assess ability to provide report of past event in rapport-building or first meet-n-greet phase.  
Provide 'guidelines' at onset of interview (after built rapport).

# Interviewing Tips



Hearing Impairments:  
May have poor written skills.  
Avoid asking for written depiction of incident.

# Interviewing Tips

**EVERYTHING**  
SHOULD BE  
**MADE AS**  
**SIMPLE**  
AS POSSIBLE  
**BUT NO SIMPLER**

**ALBERT  
EINSTEIN**

One concept at a time

“What let you (How did you) know xxx happened?”

NOT “Are you saying it happened because it did or because someone told you to say that?”

“You said he touched you when you were in the bedroom and when you were in the bathroom.

Tell me all about what happened when he touched you in the bedroom.”

NOT “Tell me about each/both of those times.”

Use simple language/concepts

“You said he ‘cupped your boob with his hand”

NOT: “You mentioned/described he touched your boob...”



# Interviewing Tips

**It's not,  
not negative**



Avoid negatives when possible

“Did you tell me he touched you with his hand?”

NOT “Didn’t you tell me he touched you with his hand?”

Avoid pronoun use when possible

“Did Joe touch your vagina one time or more than one time?”

NOT “Did that happen one time or more than one time?”

# Interviewing Tips



Use ACTIVE instead of passive voice whenever possible

“Did someone tell you what you are doing here today?”

NOT “Were you told about what you are doing today?”

or

“Did someone see John touch you?”

NOT: “Was John seen touching you?”

# Interviewing Tips

- Obtain ANY/ALL information pertaining to interviewee's ability to communicate, concentrate or focus and to self-soothe.
- Use your RESOURCES!!
- PLEASE use or at least consult Dedicated Forensic Interviewers when possible.

AGE	MILD	MODERATE	SEVERE	PROFOUND
6	4.2	3.3	2.4	1.5
7	4.9	3.9	2.8	1.8
8	5.6	4.4	3.2	2
9	6.3	5	3.6	2.3
10	7	5.5	4	2.5
11	7.7	6	4.4	2.8
12	8.4	6.6	4.8	3
13	9.1	7.2	5.2	3.3
14	9.8	7.8	5.6	3.5
15	10.5	8.3	6	3.8
16	11.2	8.9	6.4	4
17	11.9	9.4	6.8	4.3
ADULT	12.6	10	7.2	4.5

Chart to read the mental equivalents for individuals with intellectual disabilities (mental retardation)  
For example: A 17-year-old (chronological age) with moderate mental retardation may function and communicate similarly to a nine-year-old average-functioning child.

# S U M M A R Y

- Brain affected by neglect, abuse and trauma
- Successful interactions = communication modifications based on processing and attention

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

*Maya Angelou*



# Questions



# Citations

- Burgess, A.W., R.A. Prentky, and E.B. Dowdell 2000  
Sexual predators in nursing homes. *Journal of Psychosocial Nursing* 38:27-35.
- Comijs, H.C., A.M. Pot, H.H Smit, and C. Jonker 1998  
Elder abuse in the community: Prevalence and consequences. *Journal of the American Geriatrics Society* 46:885-888.
- Knutson, J. & Sullivan, P. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24 (10), 1257-1273.

# Citations

- Knutson, J. & Sullivan, P. (1993). Communicative disorders as a risk factor in abuse. *Topics in Language Disorders*, 13 (4), 1-14.
- Mickish J. Abuse and neglect: The adult and elder. In: Byers B, Hendricks J, editors. *Adult Protective Service: Reach and Practice*. Springfield, IL: Charles C. Thomas; 1993
- Morano, JP (2001). Sexual abuse of the mentally retarded patient: Medical and legal analysis for the primary care physician. *Journal of Clinical Psychiatry*. 3(3); 126-135.

# Citations

- National Research Council (2001). Crime victims with developmental disabilities: Report of a workshop. Committee on Law
- Nosek MA, Howland CA, Rintala DH, Young ME, Chanpong GF. National study of women with physical disabilities: Final report. Sex Disability. 2001; 19(1):5-39.
- Pavlik VN, Hyman DJ, Festa NA, Dyer CB. Quantifying the problem of abuse and neglect in adults: Analysis of a statewide database. Journal of the American Geriatrics Society. 49:45-48. 2001.

# Citations

- Sobsey, D. (1992). Violence and abuse in the lives of people with disabilities: The end of silent acceptance? Paul H. Brooks Publishing Co: Baltimore, MD.
- Teaster PB, Roberto KA, Duke JO, Kim M. Sexual abuse of older adults: Preliminary findings of cases in Virginia. Journal of Elder Abuse & Neglect. 2000;12(3/4):1-16.
- Valenti-Hein, D. & Schwartz, L. Sex abuse interview for those with developmental disabilities. National Criminal Justice Reference Service. 1995.